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ART. I.—HEALTH OF NEW ORLEANS.

BY PROFESSOR CALDWELL.

In a very interesting memoir, by Professor Caldwell,¹ of Transylvania University, which was delivered as an introductory lecture to his class in November last, the author affirms, that the *floating portion* of the population of New Orleans fills, now, perhaps *eight tenths* of the annual bills of mortality; and he goes into some valuable considerations as to the course to be adopted by the unacclimated; and likewise as to the best means to be pursued by the city authorities for diminishing the effect of the locality upon them. "Cleanliness, purity, and temperance," he says, "include in their signification all that is requisite to render New Orleans one of the healthiest cities in the world." They certainly can do much. The experience of every community has shown, that as cleanliness and ventilation have been attended to diseases have disappeared; but it has been equally shown, that whilst the same cares have been given to a locality the malaria has at times fitfully and capriciously returned.

Between the able author and ourselves, there is an honest difference of sentiment as to the causes that give rise to malaria; which he considers to be so completely the result of vegetable decomposition, that he is doubtful whether shingles should be used as a covering for habitations, or billets of wood as a paving for streets! Our opinion, to which he has alluded, with expressions too complimentary to ourselves, is, that we know nothing of the causes that induce it; that we are as ignorant of the malaria that gives rise to intermittent, as we are of that which causes goitre at the foot of lofty mountains, or pellagra in the Lombardo-Venetian plains. That it is connected with the geology is clear, but further we know not.

The following are Professor Caldwell's views on this point:—

"As to what is called a 'malarious soil,' I believe it to be formed exclusively by a mixture of the *detritus* of dead organic matter with the primitive earths. It is impossible for me to think of it in any other light; for I cannot believe that it is *purely terrene*; and that marsh miasm is a *mineral poison*. Yet such it *must* be, if it be not an animal or vegetable creation: wherever the kind of organic detritus referred to exists, there may the febrile miasm be produced; and where it does not exist, it cannot be produced. Nor is it difficult to tell the soils of which the source of febrile poison makes a part. Into the composition of all *alluvion*, whether ancient or

¹ Transylvania Journal of Medicine, vol. xxxiv., p. 601.

modern, but especially the *latter*, the relics of dead vegetable and animal matter uniformly enter. So do they into the composition of all *fertile* lands. Without them lands are necessarily barren, with them they are productive; the most nutritive food of plants being derived from an organic source. Hence in all alluvial regions, bordering on rivers, lakes, and arms of the sea, febrile miasms exist, and produce their deleterious effects. So do they, more or less, in every region where the soil is *prolific*. To this even mountainous countries are no exception. On the sides of the Alps, where human industry has enriched the soil with the *debris* of dead organic matter, and rendered it productive, autumnal fever, the offspring of malaria, frequently appears. And, during the summer and autumn, some portions of the Apennines are quite sickly. Let the soil of a malarious district be accurately analysed, and I hazard nothing in saying, that it will be found to contain more or less of the *debris of organic beings*. My reason for pressing this point on your attention, more earnestly than I otherwise would do, is, that one of the most distinguished medical writers and teachers of our country inculcates on it a different, and, as I believe, an erroneous doctrine. He denies to malaria either an *animal* or a *vegetable* origin, or yet an origin compounded of the two! Of course he must regard it as a *mineral* production! In this belief, as far as I am informed, he stands perhaps alone." p. 608.

In this last view, the intelligent author, we conceive, labours under a misapprehension. Some of the ablest cotemporaries share in our dissatisfaction with the evidence commonly adduced in favour of the vegetable or animal origin of malaria. Professor Caldwell is well aware, too, that some believe it to reside in animalcules! There can be no soil that does not contain more or less argillaceous and siliceous matter, yet we should not be justified in referring malaria to those constant constituents of the soil; and again, it is well known, that, in numerous fertile districts, malaria—that which gives rise to intermittent and remittent fevers in certain localities—is almost, if not wholly, unknown. In New England, intermittents are comparatively rare, even in soils of which, to use the language of Professor Caldwell, the source of febrile poison makes a part.

ART. II.—CASES OF SPASMODIC TIC.

BY MARSHALL HALL, M. D., F. R. S.¹

The following detail is interesting in its physiologico-pathological relations. It exhibits, too, the divisions and views of the nervous system, embraced by Dr. Hall in his "Lectures," which have been reprinted in this country, and to which we refer those who seek for farther developments.²

"The nervous system is divisible into *three* sub-systems, if that term may be allowed: the *first* of these is the cerebral, and consists of the sentient and voluntary nerves, with their centre, the cerebrum; the *second* is the *true* spinal, and consists of excitor and motor nerves, with their centre, the true spinal marrow, distinguished from the sentient and voluntary nerves which run along its course; and the *third* is the ganglionic, comprising, with the ganglionic of the head and face, and with that of the cavities, the grand

¹ British Annals of Medicine, No. 1. p. 10.

² Lectures on the Nervous System and its Diseases. By Marshall Hall, M. D., F. R. S. L. & E., Lecturer on the Theory and Practice of Medicine, &c. 8vo. pp. 240. Philadelphia: Carey & Hart. 1837.

sympathetic, the major portion of the *fifth* and the posterior spinal nerves, the ganglionic of the extremities.

"It is with the *second* of these subdivisions of the nervous system that we have to do at present. It is distinguished, pathologically, as being the exclusive seat of convulsive and spasmodic diseases. These diseases may have their seat or origin, first, in an *excitor* nerve, as in the case of traumatic tetanus; secondly, in the *spinal marrow*, or the centre of the system itself, as in the tetanus arising from disease within the spine; and, thirdly, in the *motor* nerves, as in certain cases of strabismus and of torticollis, and, in the subject of this paper, the spasmodic tic.

"The character of the disease is frequently given by the division of the system affected; disease of the excitor nerves generally assumes that of a spasmodic affection; that of the spinal marrow, or of the motor nerves, is either spasmodic or paralytic.

"I first observed the spasmodic tic in an interesting case which occurred in 1817, and which I published in the *Edinburgh Medical and Surgical Journal*, vol. xiii. p. 63:—

'Miss Inman, aged 19. Two years ago, in the winter season, the face became affected, during the course of one night, in the following manner: all the muscles of the right side of the face were drawn into a state of spasmodic contraction; the sensibility of the skin became much impaired, the contact of an external object inducing a feeling of numbness; there were a degree of swelling and considerable pain; and a sense of rigidity was felt in the muscles of the right side of the neck.

'The muscular contraction was permanent, and very considerable: the right angle of the mouth was drawn downwards; the retraction of the integuments, the effect of muscular action, and usually observed extending from each nostril obliquely downwards, is, on the right side, very deeply marked; on the left, it is seen in its natural state. The tongue, when protruded, is drawn a little towards the right side; the point of the nose is considerably so. The right eyebrow is drawn a little lower down than the left one; and two small dimples, the effect and evidence of muscular contraction, are seen immediately above it. A dimple in the chin is also distinctly marked, and is drawn considerably to the right of the mesial plane of the face. Articulation was, at first, very indistinct, and is still so in some degree; the letter *S*, especially, is pronounced with difficulty, and participates in the soft sound of *th*. There is no difficulty in deglutition; but considerable inconvenience occurs during mastication, from a tendency of the bolus of food to pass and collect in the right side of the mouth. On closing the right eye, a degree of tightness is induced and felt at the right angle of the mouth; this tightness is seen even when the patient speaks with the right eye perfectly closed. On drawing down the right angle of the mouth, by an effort of the muscles of this part of the face, the upper eyelid of the right eye is also drawn sensibly downwards, and the eye is partially closed. In the first instance the eye was closed with difficulty.

'The state of contraction of the muscles is seen much more distinctly, and the deformity induced is much greater, on speaking or laughing, than when the patient is in a state of tranquillity.

'At present, the contraction of the muscles is much less than at first. The sensibility is perfectly restored. The diminution of the symptoms took place during the administration of electricity, the operation of blisters, and the exhibition of an emetic, followed by purgative medicines.

'This affection was considered by the patient as an effect of cold. The swelling and pain were deemed an attack of toothache; but without reason, as there was no decay of any of the teeth. Before and about the period of attack, pains were experienced in both arms and wrists, and were considered rheumatic. During two years previously to the accession of the affection described, this young lady had experienced some general indisposition, having been feeble, nervous, and subject to difficulty of breathing,

and palpitation of the heart. The catamenia had been somewhat irregular. The ankles were affected with œdematous swelling in the evenings of each day.'

'An interesting case of a *similar* affection, induced by a musket-shot, is given in the *Annuaire Medico-Chirurgicale des Hôpitaux*, published in 1819:—

'On the 27th of February, 1814, Charles Leroux was wounded at the battle of Bar-sur-Aube. The ball struck him, from the distance of fifteen paces, on the left side of the face.

'He felt but a slight pain at the instant he received the wound. The only consequences which followed, were a trifling swelling of the cheek, with a slight alteration in vision, shooting pains in the eyes, and a peculiar sensibility accompanying the act of mastication. Twelve days after the accident, the wounds were completely cicatrised.

'The most extraordinary circumstance of this case is, that when this man attempts to speak, laugh, or eat—in fact, whenever it is necessary to move the jaws, the sub-labial muscles contract involuntarily, and as if by sympathy. While the jaws are at rest these muscles appear to be in their natural state, and the face offers no traces of change; but no sooner are the jaws moved, though very slightly, than the act is accompanied with the most frightful grimace, of which the patient is unconscious. The countenance changes and becomes hideous, and it is hardly possible to recognise it. This alteration of the features is much greater on the left than the right side of the face. This phenomenon may, I think, be explained by the lesion of the sub-orbital nerve(?) With regard to the sensibility accompanying the mastication, which, a month after the accident, was still felt, it must be attributed to the passing of the ball through the sub-maxillary alveoli, and to the shock resulting from it.'

'It is plain, from the recent progress made in the physiology of the nervous system, that the author is entirely mistaken in thinking that this disease was one of injury of the sub-orbital nerve. It was the *facial* which was injured, probably partially divided by the ball.

'With these cases I would now compare the following one, which occurred to me in 1834:—

'George Jefferson, aged 40, formerly a lamplighter, now a seller of fruit in the streets, was affected three years ago with general rheumatism, in the midst of which this singular affection of the muscles of the face came on.

'The two sides of the face are not alike; the left is nearly natural, but the right is affected with spasmodic contraction: the chin is drawn to the right side and dimpled; the right angle of the mouth is drawn downwards; the right eyebrow is higher than the left. Sometimes there is a little rapid spasmodic action of the muscles.

'When he is told to shut the eyes promptly and forcibly, the distortion is tenfold: the right eye is drawn and only partially closed; the right angle of the mouth is drawn spasmodically downwards; the nose and the chin are drawn to the right side.

'He laughs, and bites, perfectly, on the left side. On attempting to open the mouth wide, it is obviously tied by the muscles of the right side. He cannot whistle; in the attempt to do so, the mouth is drawn to the right side.

'He takes snuff through both nostrils indifferently; on sneezing, the left side of the face is chiefly distorted.

'The right side is a little benumbed in feeling. It is also colder, after exposure to cold, than the left.'

'Of this case the following sketch was taken by an artist of great talent:—

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"It may be compared with this second sketch, which is taken from a patient affected with paralysis of the seventh or facial nerve:—



"In both these cases the face is drawn to the right side; but in the *first* it is the right eye, in the *second* it is the left, which cannot be closed. The first case is one of *spasmodic* affection, the second of *paralytic* affection of the seventh or facial nerve, the former affecting the *right*, the latter the *left* side of the face.

"These cases might give rise to a multitude of reflections; but these will naturally occur to every reader. I will, therefore, occupy the space which they would engross, by giving another interesting case. It is taken from a paper by Dr. Powell, published in the fifth volume of the Transactions of the Royal College of Physicians. It seems to be a case of *paralysis* of the facial nerve from exposure to cold.

'In the end of 1803, I was desired to see a child, the right side of whose face was relaxed as in ordinary hemiplegia, and who had also lost the power of closing the right eye, so that great inconvenience arose from the overflow of the tears. There was no paralytic affection of any other part of that side of the body, and no swelling nor pain in the face; the pupil of the eye was sensible to light, he had full command over the muscles of the tongue, and there was no abatement in the activity of his playfulness, or derangement in his general health. The morbid relaxation of a particular set of muscles, and the loss of voluntary control over them, was his only complaint; and on investigating its probable origin, I found that he had been exposed at a window on Ludgate-hill during the exhibition of a city pageant, that a sharp and cold wind blew directly upon that side of the face which was now affected, and that the loss of power was perceived on the following morning. This child recovered very gradually, and the turn of the affected side of his face had not wholly disappeared in three months.'

"The spasmodic tic is distinguished by the defective power of the orbicularis on the contracted side of the face; paralysis of the facial nerve, by the same phenomenon on the relaxed side. Both are distinguished from hemiplegia by this imperfect closure of the eyelids.

"I have recently had a case of spasmodic tic, combined with defective vision on the affected side, and other symptoms denoting disease within the cranium. Mercury was tried in the fullest manner, at first with apparent advantage, but eventually without any good effect.

"The spasmodic tic, such as I have described it, is generally induced by exposure to severe cold. It appears to me to be inflammation in the course of the facial nerve. It is treated most successfully by leeches, fomentations, &c., combined with remedies for the general health."

ART. III.—CASE OF DYSCRASY.

BY THE EDITOR.

In a recent publication¹, the editor has drawn attention to the influence which saccharine matter is capable of exerting in certain cases of dyscrasia, as in the consequences of syphilis, in chronic cutaneous eruptions, &c. The mode in which the sugar acts is doubtless by modifying the condition of the fluid of the circulation. When sugar is added to venous blood out of the body, it immediately communicates a florid hue to it, in the same manner as many salts, which are presumed to have an alterative effect when administered internally. Some change is produced by all those alterative agencies, so that when the modified blood attains the capillaries it induces a new action in them, and breaks in upon the pathological catenation that constitutes the cachexia. When the capillary functions are morbidly affected, as

¹ General Therapeutics, p. 496, 536.

in chronic cutaneous eruptions or ulcerations, there are two great methods in which we may reach the disease,—the one is by the application of external remedies to the diseased capillaries,—the other is by changing the impression made upon them internally by the fluid that circulates within them. Sugar—like arsenic, creosote, iodine, and other alteratives—acts in the latter way.

The success which we have met with in the removal of inveterate eruptions from the administration of sugar, in the manner to be mentioned presently, has induced us to infer, that the different alterative syrups, officinal and empirical, may be mainly, if not entirely, indebted for their efficacy to the sugar they contain.

Early in last November, a lady, from a distant city, came to Philadelphia to place herself under the care of a distinguished professional friend, who advised her to consult the editor. Four years ago, her husband, who was a dissolute character, had contracted syphilis, and communicated it to her. She had applied to several physicians, but without experiencing entire relief. Ulcerations existed on various parts of the body; she had nodes on the tibia, &c., added to which she had been unable to sleep, in consequence of severe pains in the bones, for the eighteen months prior to her arrival in Philadelphia. In order that full opportunity might be afforded for recovery, she took a house, had her furniture sent to her, and determined to reside during the winter in this city. She had already taken various forms of mercurials, and amongst the rest, had persisted, for a length of time, in the use of the solution of corrosive sublimate. The solution was, however, directed again, so that she should take one sixteenth part of a grain of the bichloride three times a day; and, in addition to this, she was ordered to dissolve a pound of rock candy in a pint of water, and to take a wine glass full of this solution four times a day. Under this course, the ulcers healed; the nodes disappeared; the osteocopi ceased; her nights were passed in comfort; and, at the end of five weeks, she was so well that she determined to rejoin her family; quitted her house; removed her furniture; and went away in the middle of December with feelings of perfect recovery. She was recommended, however, to persevere in the plan advised. Since then we have not heard from her.

ART. IV.—CONSIDERATIONS ON BLEEDING FROM THE ARM.

BY M. LISFRANC.

The preceding part of the "Library" contains an essay on blood-letting therapeutically considered, and another on the morbid conditions of the blood. We extract the following account of the operation of phlebotomy, from the lectures of a distinguished surgeon of La Pitié, one of the most extensive of the hospitals of the French metropolis. The version is from a report in "*La Lancette Française, Gazette des Hôpitaux*," for September last.

We may remark, by the way, that one of the worst cases of wounded nerve, in the operation of bleeding at the bend of the arm, which we have seen, occurred in the case of a respectable lady of this city, whom we directed to be bled. The operation was accordingly performed by one of

our most dexterous phlebotomists, to whom not the slightest blame can be attached. This was in October last. Ever since she has suffered more or less from neuralgic pains of excessive severity, and from modified nutrition of the fore-arm, giving occasion to irregular attacks of hyperæmia. It was recommended that the nerve should be divided above the injured part, but she was not able to attain the necessary degree of courage for the operation, simple as it is. Rest—keeping the arm in a splint—has been chiefly trusted to; in other words, *time* has elapsed, but the parts have not yet become accustomed to the mischief.

"I have spoken to you of an unfortunate case of blood-letting, performed in the vicinity of Paris. It is not necessary that I should again say, that a traumatic aneurism ensued; you will recollect that we were obliged to tie the brachial artery at the lower third of the vessel. In this point of view, and in many others, I consider it may be useful to speak to you of phlebotomy as practised in the veins of the fore-arm. I do this with the more pleasure, as, since Lafaye, surgeons have scarcely attended to this operation; as many gaps in the science yet remain unsupplied, and as the accident that occurred to the patient in the *Salle Saint Antoine* is not uncommon. In ten years I have seen it¹ four times.

"The ulnar artery is more frequently subaponeurotic, through the whole extent of its course, than is imagined. The radial artery rarely presents the same anomaly.

"There are cases in which the humeral artery is situated much nearer the internal tuberosity of the os humeri than anatomists have indicated. In my courses of operative medicine, I have seen three subjects in whom it was at the inner and lower part of the arm, and in whom it bent almost to a right angle to reach the anterior and middle part of the cubito-humeral articulation.

"A nearly similar arrangement I have exhibited on one of my prosectors.

"Before applying the ligature, it will be necessary, then, to satisfy ourselves whether such anomalies exist, as the pressure might diminish or arrest the pulsations of the artery, and prevent us from discovering the anatomical variations.

"I have seen one subject in whom the student could not expose the humeral artery towards its lower portion. I sought and found it covered to the extent of three fingers' breadth above the articulation by the superficial and inner muscular fascia of the fore-arm, which extended to the height I have mentioned. The preparation forms part of the fine series of anatomical varieties, collected in the amphitheatre of the hospitals by M. Serres.

"The mention of this case is enough to prevent any embarrassment when we are desirous of bleeding, or of tying that artery. At times, more veins, and at others fewer, are met with than anatomists have usually pointed out. Every one is aware how much the direction and number of those vessels varies; but it is a remarkable and very important fact, that the more numerous the veins are near the outer side of the limb, the fewer are the nervous filaments near them.

"The musculo-cutaneous nerve does not disengage itself from between the brachialis internus and the biceps until about the height of the middle of the tendon of the latter muscle. Above this point I have never found nervous filaments around the median cephalic vein.

"It follows from the facts of surgical anatomy, which you have just heard—

"*First.* That the upper part of the median cephalic vein is the most advantageous point to practise blood-letting.

"*Secondly.* That in those whose muscular system is somewhat developed, the pronation of the fore-arm covering with the supinator longus the musculo-

¹ Traumatic Aneurism.

cutaneous nerve and the tendon of the biceps, the operation may be performed lower.

"*Thirdly.* That in cases where the muscles are thin, pronation might not fulfil the object, unless to this position of the arm there be added a slight degree of flexion.

"*Fourthly.* When we cannot open the median cephalic, preference should be given—1st, to the external radial; 2d, to the internal radial; and 3d, to the middle median.

"But let me not omit to remark, that if this vein should creep in the muscular interstice formed by the supinator longus and the pronator radii teres, it may have beneath it nervous filaments, injury to which would become almost inevitable; and that, besides, in those whose muscles are little developed, the radial artery situated, in such case, immediately under the ante-brachial aponeurosis, might be wounded. This vein, then, ought not to be opened except when it is situated on the outer or the inner side of the muscular interstice of which I have spoken.

"*Fifthly.* The great number of nervous filaments which accompany the ulnar veins, would seem to render it improper to open them; but if blood can only be obtained from them, the external should be preferred.

"Every time I have been occupied with the subject of blood-letting, in my operative course, I have asked of the pupils if their median basilic vein had not been opened. Almost always we found this to be the case, and immediately at the spot where it corresponds with the artery. Why is phlebotomy practised at this place? It is owing to the vein being more prominent there; but evidently if it can be detected by the touch at the part of which we are speaking, its fluctuation may likewise be very well felt, either on the inner or the outer side of the brachial artery. The median basilic vein should be opened on the outside of the artery.

"When the anastomosis between the median basilic and median cephalic takes place too near the inner condyle of the humerus, bleeding in the median basilic should be performed on the inner side of the artery; the median nerve, it is true, might be injured, but its injury would produce less mischief than the opening of the artery.

"The nearer the angle formed by the median basilic with the axis of the brachial artery approaches a right angle, the more easy will it be to put those principles in execution.

"When the median basilic descends almost parallel to the axis of the limb, it creeps, in many cases, on the body of the biceps and on its tendon. Its anastomosis with the median cephalic is then situated more on the outside. It is easy to avoid the artery by bleeding on that side.

"The sleeves of clothes worn by females, especially in the country, are extremely narrow. The operator commonly folds them up; applies the bandage; bleeds, and frequently in an instant the blood ceases to flow. I have seen young surgeons anxious to open the vein a second time. This inconvenience may be avoided by making the patient take her arm out of the sleeve.

"The sub-cutaneous veins, especially those of the lower extremity, contain much less blood in the morning, when the patient is still in bed; under such circumstances it is often very difficult to discover vessels. If practicable, the patient should rise and take a little exercise.

"It has been affirmed, that, when a vein has been frequently opened, and there are many cicatrices, it ought not to be opened again, because it may be found wholly obliterated, or too narrow to yield the requisite quantity of blood. This precept has been copied and recopied from age to age, but pathological anatomy contradicts it.

"For eighteen years, during which I have practised operative medicine on the subject, I have dissected these veins, or had them dissected, in an infinite number of cases, yet I have never found them completely obliterated; the vessel had almost always preserved its ordinary capacity, but its calibre was rarely diminished. The error, I think, is owing to the difficulty often

experienced in feeling the fluctuation of the vessel, in consequence of the induration and thickening of tissues caused by the cicatrices.¹

"The phlebotomist frequently fails in drawing blood, and often pierces the vessel through and through, in persons who are very fat. These accidents are owing to his operating with too much rapidity. The instrument ought to penetrate the parts slowly; the want of resistance will then be readily felt when the lancet enters the vein, and the blood will be seen ascending along the blade. By taking these precautions we need not fear penetrating too deeply, especially if, as before advised, the vein has been well felt and commanded.

"Two kinds of lancets are generally used, the one shaped like a grain of oats (spear-pointed), the other like a grain of barley (broad-shouldered). In my opinion the former should be employed exclusively; for if the vessel be seated deeply, the broad-shouldered lancet has the inconvenience of cutting the skin too much; if the vessel be superficial, a solution of continuity may be produced by the spear-pointed lancet sufficiently great to allow of a ready issue to the blood, by gently depressing the handle of the instrument.

"If the operator has failed to draw blood, he ought, before having recourse to a second incision, to attend to the following points:—

"1. He should satisfy himself that the solution of continuity of the integuments is placed over the vein which he is desirous of opening. In such case, he may say to the patient, to tranquilise him, that a small piece of fat prevents the blood from flowing, and, without displacing the skin, he may carry again his instrument into the solution of continuity. I need scarcely say, that the lancet, by penetrating more deeply, will open the vessel, and in this way the disagreeable feeling of a double puncture may be avoided.

"2. In case the wound in the integuments does not correspond with that in the vessel, its place should be changed, and endeavours made to bring them into the same line, which will often succeed.

"It has been maintained, that when the vessel is large and prominent, it should be opened by carrying the lancet almost horizontally over it. This precept is bad, for the textures that cover the vessel will thus be divided to a greater extent, and there will be more likelihood of meeting with nervous filaments, and, consequently, of causing more pain. The puncture ought always to be made perpendicularly.

"It happens, occasionally, that on pressing the vessel with the thumb to prevent it from rolling, it becomes almost entirely emptied at the part where it has to be opened. To avoid this inconvenience, it may be compressed at the same time with the index finger of the same hand, above that point.

"When general blood-letting is indispensable, and yet it is impossible to see or to feel the veins of the foot, the leg, the wrist, the fore-arm, or arm, phlebotomy must be abandoned, notwithstanding all its advantages. It cannot always be replaced by arteriotomy or by local bleeding; but as the cephalic vein always runs under the interstice formed by the deltoid and pectoralis major muscles, might it not be exposed and opened? The operation is extremely easy. It is sufficient to make an incision of about an inch in length, parallel to the axis of the humerus, and at a finger's breadth on the inner side of the top of the coracoid process. After having divided the skin and cellular tissue, the vessel will be seen."

"M. Lisfranc," says the reporter, "made many other less important remarks on bleeding from the arm, which he executed before his pupils. We have only inserted here the most striking points of the three beautiful and animated lectures on phlebotomy by the surgeon of La Pitié."

¹ We have often had occasion to confirm the fact of the pervious state of the vein in the cases in question.—*Ed.*

ART. V.—CHOLESTERINE IN THE PURIFORM MATTER OF AN ABSCESS ON THE INNER PART OF THE CHEEK.

BY M. LASSAIGNE.

Cholesterine is a substance found in quantity in human biliary calculi. It is inodorous, insipid, in white shining scales; fusible, and crystalising in radiated fibres on cooling. Soluble in alcohol.

In the year 1825, M. Caventou, in a communication made to the Académie Royale de Médecine, related, that he had found cholesterine in a substance obtained from an abscess on the cheek. A similar instance has been recently observed by M. Lassaigue.¹ He considers them to prove, that cholesterine is much disposed to separate from the blood in tumours or abscesses that occur about the head and face; and that its existence in the blood—as proved by the analyses of Denis, Lecanu, and Boudet Fils—explains its presence in certain morbid products.

Future observations will show whether cholesterine is met with in the pus of abscesses in other parts. It would be somewhat strange if it were restricted to the abscesses in the situations mentioned.

ART. VI.—CURIOUS CASE OF ABSORPTION OF BONE.

BY JOHN H. MARABLE, M. D., OF TENNESSEE.

The following singular case of absorption and reproduction of bone, is taken from a letter, dated Feb. 27, 1837, (with an extract from which we have been favoured), from Dr. John H. Marable, a respectable physician of Tennessee, to his son, Dr. John H. Marable, Junr., who recently graduated in this city.

"I wish you to consult Dr. McClellan relative to the case of Rye's negro; he is now about ten years old. When about three years of age, a softness or absorption of the skull occurred in several places, say five or six. These would occasionally close and be observed in other parts; and these changes have continued until within the last twelve months; at this time, the nose with all its bones, one of the maxillary bones, and those of one eye, are entirely absorbed and soft, so that the pulsations of the brain can be as distinctly felt as those of the wrists. His intellect is somewhat impaired, but not until lately. The eye-ball of the side affected is protruded, or rather appears so, from the absorption of the bone. All these appearances I have examined within the last day or two. He has a great appetite, sleeps much, and can walk about pretty well. There is no doubt that at this moment more than half the bones of his skull and face are wholly absorbed. His condition is attributable to no known cause; he is of usual size, and the rest of his body—the head being a little too large—is of the usual form and proportions. It is a rare case, and no relief is expected, but the master of the boy, as well as myself, would like to know if such a case has ever come under the care of Dr. McClellan; and further, his opinion relative to it."

We hope that Dr. Marable will favour us with further particulars respecting this anomalous case.

¹ Journal de Chimie Médicale, Nov. 1836. p. 581.

ART. VII.—DRS. HIRSCH, BLANDIN, AND J. M. WARREN, ON ANAPLASTIC SURGERY.

The transplanting of one part of the body to another is an ancient operation. It was termed of old, "*chirurgia curtorum*," (surgery of grafts,) and at present *chirurgia anaplastica*, *autoplastice*, *monoplastice*, the restoration or transplantation of parts, &c.

Dr. Hirsch's dissertation¹ is dedicated, amongst others, to Dieffenbach, on whose surgical precepts the author places the greatest reliance. He thinks, with that professor, that parts, which have been removed from the body, may admit of union from a quarter of an hour to an hour after their separation. He refers to the question, whether the parts to be reunited should have any irritating, spirituous, or balsamic remedies applied to them; or whether they should be rubbed—as Dieffenbach and others have advised—in order to augment the vitality of the parts, and render them more fitted for adhesion. In experiments, instituted by him on rabbits, this was not necessary; and the course has been disapproved of by others—we think, on rational grounds—being more likely to exhaust than to augment the irritability.

In the rhinoplastic operation, he lays down the law,—that the skin to be restored must exceed the extent of the defective portion by one third, in both length and breadth, else it will not be large enough. During the cure, the graft becomes corrugated and dense, and of much smaller size. The best method, Dr. Hirsch thinks, for preventing gangrene in the translated portion, is the antiphlogistic.

In the rhinoplastic operation, the skin of the forehead is used without any of the muscular flesh beneath. There are two cases, however, in which the layer of muscle under the skin is applied also,—where the septum alone is destroyed, as in some cases of ozæna; and when, after the rhinoplastic operation, the apex of the nose is more depressed than it would be if the septum were of proper length. The new septum, in these cases, is taken from the upper lip, two parallel incisions being made in the middle of the lip, one of which extends into the nostril; the lobe or flap is then cut out, and twisted so that the mucous membrane faces the nostril. It is then united by the suture to the apex, which has been previously deprived of skin.

The after treatment is strictly antiphlogistic,—cold applications, and, if necessary, leeches. To prevent concretion of the nostrils, Dieffenbach's method of interposing small cutaneous lobules between the flaps, so that epidermis shall be opposed to epidermis, is recommended.

In the "*Lancette Française*," for October last, there is the report of a case of facial *autoplastic*, which was successfully managed by M. Blandin. The patient was a child ten years old, who had received a charge of shot in the cheek, which had destroyed almost all the soft parts covering the space between the root of the nose and the angle of the mouth of the same side. The cavities of both mouth and nose were consequently exposed. In this case the rhinoplastic,² cheiloplastic,³ and genioplastic,⁴ operations were all necessary.

¹ *Chirurgia curtorum physiologia succincta; adjecta nova methodo septi ex labio restituendi, qua narium nasi restituti concretio prohibeatur, &c. &c.* Die xxv, Mens Novembris, A. MDCCCXXXV, &c., publice defendit auctor Henricus Hirsch, Posnaniensis. Berol 8vo. pp. 36.

² *ῥῖν*, "the nose." ³ *χείλος*, "the lip." ⁴ *γενύς*, "the cheek."

Five operations were required. The half nose was formed from the skin of the forehead; the half cheek was formed of an enormous flap from the skin of the cranium, six inches long, and an inch and a half broad; and the half of the upper lip was taken from the skin of the lower jaw.

The operations were quite successful; the deformity was diminished; and pronunciation, mastication, and deglutition were almost restored.

The patient was exhibited before the Académie de Médecine, and excited general interest.

It was the opinion of Dieffenbach, that the bulbs of hair of a transplanted portion always become atrophied; but this idea was disproved by the case in question. The flap from the cranium retains its hair, giving the appearance of a whisker. Dieffenbach, too, attributes the mortification of the flaps to congestion of blood, and therefore he advises that they should be cut so as to contain no large vessels, be allowed to bleed freely before they are applied, and be bathed with cold water to prevent stasis of blood.

M. Blandin embraces the opposite idea; and, in the case in question, the hairy flap was cut so as to include the temporal artery entire. In his "*Traité d'Anatomie*" he endeavours to exhibit the advantage that may be derived in facial *autoplastice* from an accurate knowledge of the course of the arteries in different situations, and especially of those of the cranium,—laying it down as a general precept, to cut the pedicle of the flap in the direction of the natural course of the arteries; that is, the longitudinal axis of the flap should always be parallel to the principal artery which approximates or is distributed to it,—a principle the utility of which he afterwards demonstrated experimentally in his work on *Autoplastice*.

In the number of the "Boston Medical and Surgical Journal," for March the 8th, which we have just received, we are pleased to see that a successful rhinoplastic operation has been performed by Dr. John Mason Warren, of Boston, son of the excellent professor of anatomy in Harvard University. The particulars of the case are well detailed, and are accompanied by three lithographic illustrations, exhibiting the patient before and after the operation. The facial improvement is signal.

ART. VIII.—ON BLEEDING IN THE COLD STAGE OF FEVER.

BY DR. JOSIAH HIGGASON, OF SOMERVILLE, TENNESSEE.¹

Dr. Mackintosh, in his "Principles of Pathology,"—of which, by the way, we have received the second American, from the fourth London, edition, with valuable notes by Dr. Morton, of this city²—strongly advises the use of the lancet in the cold stage of intermittents; a plan which has been long inculcated in what has been called "congestive typhus," combined, however, with gentle stimulants; the abstraction of blood giving occasion to the exertion of a *vis a tergo* from the vessels in which the blood is accumulated; and the gentle stimulation aiding in re-establishing the equilibrium.

¹ The Transylvania Journal of Medicine for Oct. Nov. and Dec., 1836, p. 659.

² Principles of Pathology and Practice of Physic. By John Mackintosh, M. D. Lecturer on the Practice of Physic, in Edinburgh, &c. &c. Second American, from the fourth London edition, with notes and additions, by Samuel George Morton, M. D. Late Physician to the Philadelphia Almshouse Hospital, and Lecturer on Pathological Anatomy; author of Illustrations of Pulmonary Consumption, &c. &c. 2 vols. 8vo. Philadelphia, 1837.

The plan of taking away blood in the cold stage of an intermittent is not so objectionable—if at all objectionable—as it may seem to be at first sight. Although the organic actions may be subdued at the circumference, they are energetically executed at the centre. We have often, in these cases, found the thermometer, placed under the tongue, some degrees higher than in health. Dr. Mackintosh gives numerous cases to show the good effects of venesection in this stage, which seems generally to have diminished the hot stage, and rendered the cure by the quinine more easy. Such also appears to have been the general result with Dr. Higgason, who has detailed several successful cases in the journal before us.

We may remark, by the way, that in the pages of a late British periodical,¹ Dr. John Reid has made some remarks, and detailed certain experiments, which bear a relation to this matter. He found, as the result of several experiments on the lower animals, that disgorging the right side of the heart, when its contractions were enfeebled or suspended, by opening the jugular vein, had, in some cases, a decided effect in renewing its action; and the same doubtless occurs from bleeding practised under the circumstances we have mentioned.

ART. IX.—POWER OF DIVERS TO REMAIN UNDER WATER.

BY DR. LEFEVRE, OF ROCHFORD, SURGEON IN THE FRENCH NAVY.

In the article "Asphyxia," in the "American Cyclopaedia of Practical Medicine," which was written by the editor of this journal, a reference is made to certain observations by Dr. Lefèvre on the length of time which divers are capable of remaining under water. In Loudon's "Magazine of Natural History," for December last, (p. 617), there is a translation of Dr. Lefèvre's communication, from which we extract the following:—

"Some years since, when stationed in the roads of Navarin, I was enabled to convince myself that the modern Greeks are as expert in the art of swimming as their ancestors, and that, in this respect at least, they have not degenerated. As long as the Turks remained masters of the Morea, little pains were taken to clear the roadstead of the several wrecks which the "untoward event" of Oct. 20, 1827, had left there. Shortly after the arrival of the French expedition, a course of salvage was set on foot; and a company of Greek divers had the privilege of raising the remains of the Turco-Egyptian fleet. As often as they retrieved from the water a bronze cannon, an anchor, or any other article of moderate value, they were bound to give notice of it to the commandant of the roads. It was forthwith sold to the merchants of Marseilles; one third of the produce was given up to the divers, and the remaining two thirds to the sailors of the squadron. Having thus obtained an admirable opportunity of ascertaining a fact respecting which no precise information could be gathered from books, I took frequent occasion to observe the labour of these industrious submarines. Almost all whom I saw were born in the islands of the Archipelago; for the most part of a robust constitution. They had the muscular system fully developed; and their skin, of a ruddy brown colour, offered, in this respect, some resemblance to that of the Caribbees. From their youth they are habituated to dive, and to remain a long time under water. I have seen them bring up cannons and anchors, and tear the sheets of copper from wrecks lying at the depth of one hundred or one hundred and twenty feet. At a like depth, they will penetrate into the interior of sunken vessels, and

¹ Edinburgh Medical and Surgical Journal, for April, 1836, p. 387.

bring away articles of small size, such as pistols and yatagans. One of them returned with a volume of the Koran, richly bound, and still covered with a linen wrapper; and another presented himself with a chibouque or pipe, tipped with amber.

"With respect to the manner in which they prepare for the plunge, they first squat themselves down for a few seconds on the edge of the boat, which conveys them above the spot where they have to make their search. Then, in this position, resting their elbows upon their knees, they make frequent and short inspirations, which they repeat a great number of times, interrupted at intervals by signs of the cross, which form an essential part of their preliminary movements. At the moment when they are about to dive, they make one last and deep inspiration, and throw themselves into the water head foremost. If the object of their search is at a great depth, they pass the thumb of the right hand through a noose in the extremity of a small rope, which enables those who are in the boat to facilitate the return of the diver to the surface of the water, when he can no longer sustain the want of respiration; and serves, at the same time, as a guide to other ropes, which are employed to heave up articles of great weight. In general, these men dive only in summer. As to the duration of their submersion, I noted down three successive times in the course of the year 1829. I had taken care to provide myself with a seconds-watch, and to mark with accuracy the number of seconds which each diver remained under water. The articles for which they went lay at the depth of one hundred feet, and the temperature of the external air was at 24° R. (86° Fahr.).

<i>First series.</i>		<i>Second series.</i>		<i>Third series.</i>	
1st diver,	86"	1st diver,	65"	1st diver,	50"
2d	69	2d	74	2d	65
3d	86	3d	90	3d	95
4th	94	4th	98	4th	90
		5th	84	5th	60

"It will be seen that this scale gives, on an average, 76" for each man.

"When the labourers emerge from the water, they have almost always the face strongly injected. They are often seized with profuse bleeding at the nose; and in some instances blood has been observed to issue from the eyes and the ears. As soon as they are out of the water, they wrap themselves in thick woollen cloaks, and thus await their turn to repeat the dive. They can perform this task three or four times in an hour."

These authentic observations sufficiently exhibit the inaccuracy of the statements of those who affirm, that the Indian divers can remain several minutes under water. We cannot lay our hands at this moment on the passage, but we recollect that Captain Hall states, that Sir Samuel Hood had noted the time that the pearl divers of Ceylon remained under water, which corresponded with the result of the observations of Dr. Lefèvre.

Bedford Water.—We have received, from Messrs. Coleman & Co., of Baltimore, a present of a few bottles of Bedford Water, procured from the spring at Bedford, and charged there with carbonic acid. In cases where the Bedford Water is considered appropriate, the bottled article of the Messrs. Coleman may be recommended. It is more palatable than that obtained at the very fount.

Premium.—The New York State Medical Society, at a recent meeting, passed a resolution, that one hundred dollars should be offered for the best dissertation on "Diseases of the Spine, their causes, symptoms, and best mode of treatment." The dissertations to be sent to the committee—Drs. John B. Beck, James R. Manly, Richard Pennell, John C. Cheeseman, and Thomas Downing—before the first day of January, 1838.

BIBLIOGRAPHICAL NOTICES.

De la Sagra's Five Months in the United States.¹

This intelligent stranger, who is the author of some necrological tables of cholera in the Havana, which were noticed, a few years ago, in the American Journal of the Medical Sciences, and of an excellent economico-political history of the Island of Cuba, visited this country in 1835, and became personally acquainted with many of our literary and scientific characters, and with most of the institutions of the middle and eastern states. The work before us is a diary of his travels, which, had he not noticed ourselves so favourably, we might have recommended to some of our publishing houses for translation.

It contains a brief account of the state of medicine and pharmacy; notes towards which were furnished Don Ramon by us, but the names of many of our physicians are so *estropiés* as to be with difficulty recognisable.

"Amongst the works of American physicians, the following, from contemporaries, may be especially noticed:—That on general and descriptive anatomy, by Dr. *Homer*, of Philadelphia; that on practical medicine, by Professor Eberle of the Medical College of Ohio; that on surgery, by Professor Gibson, of the University of Pennsylvania; that on obstetrics, by Dr. *Dewes*, of the same; those on materia medica, by Dr. Chapman and Dr. Eberle, and the dispensatories of Mr. J. R. *Coke*, of Philadelphia, and of Drs. Wood and *Backe*; that of hygiene, by Dr. *Dunglisson*; that on physiology by the same; and one entitled 'Principles of Medicine,' by Dr. S. Jackson, of Philadelphia; that on legal medicine by Professor J. R. Beck, of the College of New York; and many others on particular branches, amongst which, one on diseases of the lungs, by Dr. Morton, of Philadelphia, deserves especial mention. The American physicians have likewise made, and are continually making, a number of translations from the best European works; and great activity is exhibited in the cultivation of the medical sciences." p. 164.

Warrington's Translation of Duparcque on the Uterus.²

The functional and organic diseases of the uterus constitute a class of most interesting affections, to which the attention of the obstetrical pathologist has been anxiously directed at all times, but more especially, perhaps, of late. One result of this is the work before us; which is a treatise on the simple and cancerous organic alterations of the uterus. It is a prize essay, "crowned" by the Royal Society of Medicine of Bordeaux; certain defects which had been pointed out by the committee of the society to whom it was referred having been expunged, and some additions made to it.

M. Duparcque's work contains, amongst other matters, directions for the employment of the speculum in affections of the uterus and vagina—a means of diagnosis of the most useful kind—and for the application of leeches to the os uteri.

¹ Cinco Meses en los Estados Unidos de la America del Norte. Desde el 20 de Abril al 23 de Setiembre de 1835. Diario de Viaje de D. Ramon de la Sagra, Director del Jardin Botanico de la Habana y miembro de varias sociedades sabias nacionales y estrangeras. 8vo. pp. 437, Paris, 1836.

² A Treatise on the Functional and Organic Diseases of the Uterus. From the French of F. Duparcque, Docteur en Médecine de la Faculté, et ancien interne des Hôpitaux et Hospices Civils de Paris, &c. &c. Translated with notes, by Joseph Warrington, M. D., of Philadelphia. 8vo. pp. 455. Philadelphia, 1837.

The mode in which the use of the speculum has been treated by a late writer,¹ and in which it has been animadverted upon in a recent review,² we esteem signally unfortunate. When properly employed there need be no violation of the strictest delicacy. No practitioner, whose mind is properly constituted, will propose the examination unless he conceives it absolutely necessary; and, when proposed, if executed in the way recommended by Dr. Warrington in a note to the work before us, the most fastidious could scarcely object.

"Let it be constantly borne in mind that the greatest delicacy may and ought to be observed in introducing the speculum in any form. After having the patient placed in a suitable position, (which, for the purpose of leeching, is always on the back, with the breech at the foot of the bed,) she should be covered entirely by a sheet or blanket, into which a small slit may be cut sufficiently large merely for the admission of the speculum. With the left hand under the bed-clothes, the labia may be separated, whilst the speculum, properly lubricated, (and warmed if the weather be cold,) may be passed into the vagina through the opening made in the cover for the purpose."—p. 230.

Dr. Warrington's attention has been particularly and successfully directed to the department of obstetrics in all its branches; and we are thankful to him for the version he has given of the work before us, the execution of which is creditable to him; although we observe a few imperfections, which are, however, of no great moment. We would suggest that his definition of *douches*, at page 282, might give rise to some misapprehension. The term includes the idea of the shock or impulse of a fluid let fall upon a part of the body. The "dash," pumping, spout-bath, &c., are all varieties of the *douche*; and the French have their *douches descendantes*, *douches ascendantes*, and *douches horizontales*, epithets that indicate the direction in which the fluid is impelled.

¹ Balbirnie.

² Medico-Chirurgical Review, for Jan. 1837.

GRADUATES OF THE UNIVERSITY OF PENNSYLVANIA.

At a public commencement, held March 31, 1837, in the Hall of the Musical Fund Society, the degree of Doctor of Medicine was conferred by the Rev. John Ludlow, D. D., Provost, on the following gentlemen, students of this institution. After which a charge to the graduates was delivered by Hugh L. Hodge, M. D., Professor of Obstetrics.

ALABAMA.

Wm. F. Baldwin, Icterus.
Jas. G. Chisholm, Reproduction.
Alfred B. Connell, Enteritis.
J. Hamilton Hastie, Indigestion.
James R. Jones, Fistula in Ano.
John C. McNeill, Puerperal Fever.
Wm. H. Mounger, Diarrhoea.
Jas. Reynolds, Fractures.
Chas. Wm. Tait, Revulsion.
Joshua A. Thomson, Bilious Remittent Fever.

DELAWARE.

Peter John Baudry, Idiopathic and Traumatic Tetanus.
James Corbit, Icterus.

DISTRICT OF COLUMBIA.

Isaac P. Tenney, Animal Temperature.

GEORGIA.

John B. Hendrick, Inflammation.
Stokes P. Ivey, Dyspepsia.

VOL. I.—4

Guidon J. Miller, Medical Virtues of Carbo Ligni.

John H. Pope, Purgative Remedies.
Henry Saunders, Febris Autumnalis.
John L. Shelby, Autumnal Fevers of Georgia.
James B. Smith, Bilious Diseases.
Wm. H. Thornton, Poisoning with Opium.
Joseph B. J. L. Thorp, Urethritis.
Johnson B. Tufts, Constipation.
Thos. F. Willis, Antimonii et Potasse Tartaras.

KENTUCKY.

John S. Griffin, Lithotomy.
A. Worsely Kennedy, Cholera Maligna.
Jas. H. Meriwether, Cathartics.

MARYLAND.

Lawrence M. Ricaud, Pneumonia.

MISSISSIPPI.

Philemon Chew, Hemorrhoids.
James S. Glass, Inflammation.
Herbert W. Hill, Chorea Sancti Viti.

MAINE.

Daniel R. Bailey, Spinal Irritation.
Gilman Davies, Dietetics.

MASSACHUSETTS.

Play Earle, Insanity.
C. Austin Hall, Counter Irritation.
Franklin Knox, Malignant Pustule.

NEW JERSEY.

Thos. P. Dickeson, Eupatorium perfoliatum.
Edward I. Grant, Intermittent Fever.
Samuel Lilly, Abortion.
Jacob W. Ludlam, Blisters.
John H. Phillips, Peritonitis.
Joseph H. Thompson, Vegetable Materia Medica
of Salem county, New Jersey.
Joseph C. Weatherby, Cholera Morbus.

NEW YORK.

Samuel M. Abbott, Puerperal Peritonitis.
Steph. D. Allen, Physiological relations of mind.
Wm. B. Casey, Idiosyncrasy.
John Fondy, Jaundice.
Elijah G. Peckham, Neuralgia.
Chas. D. Smith, Calculi of the Bladder.

NEW HAMPSHIRE.

M. G. Haseltine, Ozæna.

NORTH CAROLINA.

Thomas Brown, Congestive Bilious Fever.
Lorenzo Frink, Bilious Remittent Fever.
Edward H. Goelet, Trachitis.
John A. Hanks, Chlorosis.
Hardy Hardison, Intermittent Fever.
Michael W. Holt, Scarlet Fever.
James H. Hoskins, Cynanche Trachealis.
Jerome B. Jones, Tubercule Primæ Viæ.
Pride Jones, Typhus Fever.
John Quincy Perkins, Dothinerteritis.
Jas. L. Satterfield, Remittent Fever.

PENNSYLVANIA.

Jos. J. Allison, Certain Pulsations in Reptiles.
Thomas Brady, Conception.
John M. Brewer, Fever.
Lee W. Buffington, Blood-letting.
Meredith Clymer, Lateral Curvature in females.
Townsend Fell, Influence of the Mind over
Disease.

Cridland C. Field, Cholera Infantum.
Frederick Graff, Peritoneal Enteritis.
Wm. E. Haines, Mercury.
Edw. Jacoby, Phytolacca Decandra.
John L. Kite, Prolapsus Uteri.
Isaac D. Knight, Cimicifuga Racemosa.
D. Paul Lajus, Pleurisy.
Furman Leaming, Digitalis Purpurea.
Seth Saltmarsh, Pericarditis.
Henry H. Smith, Experiments on Spinal Mar-
row and Nerves.

Joseph D. Stewart, Infantile Convulsions.
Benj. Stille, Jr., Physiology of Digestion.
Thos. H. Swaby, Scæle Cornutum.
Joseph Thomas, The Pulse.
Jacob B. Wagener, Chronic Diarrhœa.
John A. Weidman, Lyssa.
John F. White, Emphysema.
Joseph Wilson, Jr., Intermittent Fever.
Geo. R. Winter, Menstruation.
Jones Wister, Gout.

RHODE ISLAND.

Christopher G. Perry, Urticaria.

SOUTH CAROLINA.

Jno. C. Anderson, Bilious Fever.
George Gibson, Delirium Tremens.
Francis Y. Glover, Congenital Deformities.
Walter E. Johnston, Epidemic Gastric Fever of
Warm Climates.
Robt. McMillan, Fractures of the Patella.
Gerhard Muller, Delirium Tremens.
Seaman D. Sinkler, Spinal Irritation.

*At a public commencement held in July, 1836, the following gentlemen received the degree of Doctor of
Medicine.*

Robt. A. Gholson, Va. Acute Dysentery.
John T. Hilliard, N. C. Acute Dysentery.
Wm. B. Hooke, Miss. Cystitis.
Jacob H. Jeffreys, N. C. Cynanche Trachealis.

TENNESSEE.

Joseph M. Anderson, Cholera Asphyxia.
Sam'l D. Edgar, Diagnosis.
Wm. H. Edwards, Pathology of Miasmatic
Fever.
Abner Hester, Emetics.
John M. Kennedy, Variola.
Benj. Marable, Colica Pictonum.
Geo. B. Peters, Neuroses.
Benj. F. Young, Hernia.

VIRGINIA.

Robert S. Bagley, Cholera Infantum.
John H. Bailey, Dysentery.
Isham E. Bass, Cholera Infantum.
Carter N. Berkeley, Fever peculiar to the Blacks
of the South.
Benjamin B. Blunt, Irritation.
George M. Brinker, Gonorrhœa.
Granville L. Brown, Bilious Fever.
Wm. R. Burnley, Malaria.
Thos. G. Clinton, Laryngitis.
John H. Daniel, Syphilis.
Alex. S. Dillon, Gonorrhœa.
Arthur W. Downing, Scarlatina.
Albert S. Edwards, Acute Laryngitis.
Oliver R. Funsten, Angina Pectoris.
Joseph S. Gillam, Intermittent Fever.
Strother T. Hamm, Cholera Infantum.
Wm. J. Harrison, Erysipelas.
Wm. Hunter, Formation of Medical Character.
Camillus V. Lanier, Digestion.
Martin G. Leavitt, Acute Dysentery,
John Locke, Coxalgia.
Wm. O. Macoughtry, Dropsy.
Albert G. Mabry, Use of Arctium Lappa in the
Treatment of Scrofula.
Robt. T. Marshall, Measles.
John R. McDearmon, Influence of the Mind on
Health.

Hannibal N. Miliner, Apoplexy.
Robt. Munford, Functional Derangement of the
Heart.

Geo. W. Pollard, Revulsives.
Birkitt G. Rennolds, Modus Operandi of Medi-
cines.

Robt. R. Ritchie, Contractions after Burns.
Wm. B. Smith, Generation.
Ferd. C. Stewart, Causes of Cardiac Sounds.
Geo. W. Thornton, Superfetation.
Rootes B. Thornton, Puerperal Fever.
David H. Tucker, Hemorrhoids.
Egbert G. Vaughan, Variola Vaccina.
Isaac F. Vaughan, Apoplexy.
Richard G. Wharton, Fever.
Goodridge A. Wilson, Capillary System.
Edw. L. Wright, Rubella.

LOUISIANA.

Thos. Lee Haile, Yellow Fever.
George J. Morgan, Diseases of the Cardiac
Valves.
Bernard Ryan, Chronic Gastritis.
James Trudeau, Apoplexy.

CONNECTICUT.

Rufus Bicknell, Influence of the Mind in causing
and curing Diseases.
Henry C. Lockwood, Hemoptysis.

INDIANA.

Edmund Albertson, Autumnal Fever.

ILLINOIS.

Richard R. Dashiell, Peculiarities of Animal
and Vegetable Life.

NOVA SCOTIA.

Robert Fulton Crowe, Asphyxia.
James C. Farish, Morbid Anatomy of the Lungs.

ENGLAND.

William P. Cunningham, Physiology and Phe-
nomena of the Muscular System.

Daniel E. Johnson, N. C. Acute Gastritis.
John Pettit, Pa. Erysipelas.
Cullen J. Pope, Geo. Scarlatina.
Archibald Rankin, Pa. Uterine Hemorrhage.

GOVERNMENT OF MEDICAL INSTITUTIONS.

It strikes us, that if the following provisions, from the statutes of the trustees of Geneva College, New York, existed in every medical institution, they would tend materially to the harmony both of faculty and trustees. In making appointments, the faculty can have but one desire,—that of filling a vacancy by the most suitable person—one who will be effective in the discharge of his duties as a teacher, and who, at the same time, will be a useful and an agreeable member of the board in managing the numerous concerns of the college.

“The said professors shall hold their appointments or offices at the pleasure of the board of trustees of Geneva college; but no person shall be a member of the faculty without a recommendation of a majority of the medical professors, nor shall any person be removed from said professorship without the consent of a majority of the said professors.”

Jeffrey's Respirator.—We observe, in the British periodicals which have recently come to hand, an instrument under this title strongly recommended. Its object is to temper the air in winter before it enters the air passages. It is formed of wires, those nearest the mouth being one three-hundredth part of an inch thick, and the same distance apart from each other. There are from eight to twenty layers of wire, and those most external are attenuated till they are no more than one six-hundredth part of an inch in thickness. The instrument costs, in London, two guineas.

Necrological Notice of Hufeland.

This distinguished physician—whose name is known every where—was born at Langensalza, on the 12th of August, 1762. His father was physician to the Duke of Saxe-Weimar. Hufeland himself began practice at Weimar in 1793. Some time afterwards he became professor at Jena, and physician to the duke; and in 1801, he was appointed physician to the King of Prussia, director of the medical college, and first physician to the Hospital la Charité, of Berlin.

Hufeland was an eclectic. He contributed to the improvement of inoculation, and the treatment of small-pox; called the attention of physicians to the uncertainty of the signs of death, and the inconveniences of premature interment. As professor, he attracted a numerous auditory; and was as agreeable as he was instructive in his lectures. He established the “Journal of Practical Medicine,” (*Journal der praktischen Heilkunde*), and combated the doctrines of Brown generally, whilst he adopted that which he esteemed useful. His most celebrated works are,—his “Practical Medicine,” (*System der praktischen Heilkunde*), commenced in 1800, and finished in 1803, in two volumes 8vo; and his “Art of Prolonging Life.” He died at the age of seventy-four.

Cyclopædia of Surgery.

We have received from the publishers—Messrs. Sherwood & Co. of London—the prospectus of a Cyclopædia of Surgery, suggested by the Cyclopædia of Practical Medicine and the Cyclopædia of Anatomy and Physiology. It is to be edited by Dr. Wm. B. Costello; and amongst the collaborators are the names of some of the most distinguished surgeons of Great Britain. The work will be completed in twenty-one parts, the size and form being like those of the works referred to, and it will be illustrated with wood cuts, and other engravings. Part I.—price five shillings—was to be put to press in February last, so that we may expect soon to receive it.

BOOKS RECEIVED.

We are indebted to our friend, Dr. Forbes, one of the able editors of the excellent "British and Foreign Medical Review," for the following recent works and periodicals:—

Lee's Account of the most frequented Watering-Places on the Continent. 8vo. London, 1836.

Dr. Alexander's Medical Commentaries on Puerperal Fever, Vermination and Water in the Head. 8vo. London, 1836.

Sir James Murray's Observations on the Medical and Surgical Agency of the Air-pump. 8vo. Dublin, 1836.

Dr. James Hamilton's Practical Observations on various subjects relating to Midwifery. 8vo. London, 1836.

Mr. Conwell on Functional and Structural Diseases of the Liver. 8vo. London, 1835.

Josse's Mélanges de Chirurgie Pratique. 8vo. Paris, 1835.

Reich, Das Streckfieber. Small 8vo. Berlin, 1835.

Gräfe und Walther, Journal für Chirurgie und Augenheilkunde.

Stift und Raimann, Medicinische Jahrbücher des Kaiserlich. Königl. Oesterreichischen Staates.

Casper's Wochenschrift für die gessammte Heilkunde.

Hecker's Neue Wissenschaftliche Annalen.

Giorrale delle Scienze Medico-chirurgiche di Pavia.

Hufeland & Osann, Journal der Praktischen Heilkunde.

Bulletino delle Scienze Mediche di Bologna.

Busch, d'Outrepoint, und Ritgen, neue Zeitschrift für Geburtskunde.

Bureau Riofrey, Revue Médico-chirurgicale Anglaise.

Von Siebold's Journal für Geburtshülfe.

From the publishers, Messrs. Sherwood, Gilbert, & Piper, Paternoster Row:—

South on the Bones. 12mo. London, 1837.

From the Author.—Illustrations of Pulmonary Consumption, its anatomical causes, symptoms, and treatment, to which are added some remarks on the climate of the United States, the West Indies, &c., with thirteen plates, drawn and coloured from nature. 2d edit. By Samuel George Morton, M. D. Late physician to the Alms-House Asylum, &c. 8vo. pp. 349. Philadelphia, 1837.

From the Author.—Address delivered before the Medical Society of the state of New York, Feb. 1837. By James M'Naughton, M. D., President of the Society. 8vo. pp. 40. Albany, 1837.

Annual Report to the Board of Trustees of the Massachusetts General Hospital for the year 1836. 8vo. pp. 28. Boston, 1837.

Catalogue of the Officers and Students of Dartmouth College, 1836—7. 8vo. pp. 24. Windsor, 1827.

From Dr. Evans and Dr. Warrington.—Twentieth Annual Report on the state of the asylum for the relief of persons deprived of the use of their reason. Published by direction of the contributors, 3d month, 1837. 8vo. pp. 18. Philadelphia, 1837.

The retail price of the work of Sir B. Brodie on the nervous system, which is printed entire in this number of the "Library," is, in Philadelphia, *one dollar and seventy-five cents*. Its cost in the "Library" is about *twelve and a half cents*. When this surprising economy is considered, with the additional advantage that our *most distant* subscribers can have the best books that are published abroad, in a few days after their receipt in the Atlantic cities, the overwhelming value of such a publication as this must be strikingly apparent.